Department of State Employee

All Sections Must Be Completed – If A Section Is Left Empty Your Registration Will Not Be Processed

Security Information

First Name **Middle** **Last**

Badge Number **Expiration Date**(MM/DD/YYYY)
(Your badge must be valid – IF IT HAS EXPIRED IT IS NOT VALID. Please continue your registration as a Non-USG employee.)

Agency DOS

Contact Information

Personal Email
(Please be sure to list an email address that you have access to at all times)

Phone Number

Street Address

City **State** **Zip**

Invitation Information

Are you a guest of

- ☐ **FSYF**
- ☐ **FLO**
- ☐ **OBC**
- ☐ **State Dept employee**
- ☐ **Award recipient**
- ☐ **None of the above**

If you are the guest of an award recipient please identify recipient's name

First **Last**

RSVP Must Be Received by June 18, 2010

Submit by Email